



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/591,028
Confirmation Number	
Filing Date	with an effective filing date of February 8, 2005
First Named Inventor	Josef BADER
Group Art Unit	3655
Examiner Name	Ha Dinh HO Fax: (571) 273-8300
Total No. of Pages in this Submission:10	Attorney Docket Number ZAHFRI P885US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form (in Duplicate) <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Response [7pgs] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) [1pg] Replacement Sheet(s) [1pg] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	February 19, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on February 19, 2009

Signature		Date: February 19, 2009 (amp)
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